

State of New Hampshire 2015 NON PROFIT REPORT

REPORT DUE BY December 31, 2015

Filed

Date Filed: 01/06/2015

Business ID: 462307

William M. Gardner

Secretary of State

			Transcent Control of the Control of			
	FAOIST TAI CHI SOCIETY OF THE UNITED STATES OF AMERICA, INC. 2100 THOMASVILLE RD.			ADDRESS OF PRINCIPAL OFFICE:		
ΓA	LLAHASSEE, FL 32308			2100 THOMASVILLE RD.		
	·			TALLAHASSEE, FL 32308		
	ENTITY TYPE: NONPROFIT		1	DEGISTEDED A GENERAL AND CONTIGUE OF		
	BUSINESS ID: 462307			REGISTERED AGENT AND OFFICE: (foreign only	y)	
	STATE OF DOMICILE: FLORIDA			TOM ROBERTS		
				LEONE, MCDONNELL & ROBERTS, 10 DUPREY	Y RO.	
	TO ADVANCE TAOIST RELIGION AND SERVICES			NORTH CONWAY, NH 03860		
				North Conversion 5500		
	If ali Al iii	.1	-11-41			
	If changing the mailing or principal office address, p	lease	cneck the appi	ropriate box and fill in the necessary information.		
2	The new mailing address					
The new principal office address						
	РО	Box i	s acceptable.			
	OFFICERS			BOARD OF DIRECTORS		
	NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW)	A	NAME A	AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW)	В	
	SEC'Y. Jane Edwards		DIR.	Karen Laughlin		
	STREET 1 Foothill Road		STREET	814 Devon Drive		
	CITY/STATE/ZIP Freeville NY 13068		CITY/STA	ATE/ZIP Tallahassee FI 32308		
	TREAS. Mary Churchilll		DIR.	Mary Lou Gabbert		
•	STREET 1802 Atapha Nene		STREET	1210 La Brad Lane		
3	CITY/STATE/ZIP Tallahassee FL 32301		CITY/STA	ATE/ZIP Tampa FL 33613		
	PRES. Pegoty Packman		DIR.	Theresa Roll		
	STREET 1613 Karlyn Drive		STREET	1141 Poplar St		
	CITY/STATE/ZIP Clearwater FL 33755		CITY/STA	ATE/ZIP Denver CO 80220		
	NAME		DIR.	Allen Pearce		
	STREET		STREET	2325 SE 48th Ave		
	CITY/STATE/ZIP CITY/STATE/ZIP Portland OR 97215					
	NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED					
4	To be signed by president or other officer. I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief. Sign here: Jane Edwards					
	Please print name and title of signer: Jane Edwards			/ SECRETARY		
	NAME			TITLE		
		DDEC	SS (OPTIONA			
	E-WAIL ADI		D (OI IIONA	<u></u>		

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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR

VIRGINIA AMOS 409 GLENMORE ST. CORPUS CHRISTI, TX 78412

DIRECTOR

PEGOTY PACKMAN 1613 KARLYN DRIVE CLEARWATER, FL 33755

DIRECTOR

MARY CROSSFIELD 1905 REDBRIDGE DRIVE BRANDON, FL 33511

DIRECTOR

ROBERT VARLEY 3112 LEXINGTON ROAD MONTGOMERY, AL 36106